

**Alabama A&M University**  
**Student Travel Request for Authorization**

**Part I. Requestor/Sponsor/Organization Information**

Name of University Faculty/Staff Member Responsible for Trip: \_\_\_\_\_  
Position/Title: \_\_\_\_\_  
Administrative Unit/Organization: \_\_\_\_\_  
Phones: Office \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

**Part II. Student Information**

Please attach a roster with A#, name, address, phone number(s), email address, and emergency contact information for each participant.

**Part III. Travel Information**

Reason for Travel: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Dates of Travel: Departure: \_\_\_\_\_ Return: \_\_\_\_\_  
Total Number of Participants: \_\_\_\_\_ Attach list of Names for group activity only  
Transportation Arrangements (Check one):  
Vehicle: \_\_\_\_\_ Rental Car \_\_\_\_\_ Personal Car \_\_\_\_\_ University-Owned Vehicle \_\_\_\_\_  
Common Carrier \_\_\_\_\_  
Name(s) of Drivers: \_\_\_\_\_  
\_\_\_\_\_  
Lodging Arrangements (Address and Phone Number Required): \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_

**Part IV. Required Information/Documents:**

\_\_\_\_\_ List of All Participants/Emergency Contacts (Attached)  
\_\_\_\_\_ Release, Waiver, Indemnification Agreement, Covenant Not To Sue  
\_\_\_\_\_ Student Travel Request for Authorization  
\_\_\_\_\_ Student Authorization for Emergency Medical Treatment

Name of University Employee Not Traveling Available for Contact in the Case of  
Emergency: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Part V. Administrative Approval**

Sponsor Signature/Title/Date: \_\_\_\_\_  
Department Chair Signature/Date: \_\_\_\_\_  
Academic Dean Signature/Date: \_\_\_\_\_  
Vice President for Student Affairs Signature/Date: \_\_\_\_\_

RELEASE, WAIVER, INDEMNITY AGREEMENT,  
**COVENANT NOT TO SUE**

THIS RELEASE, WAIVER, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE is executed on the \_\_\_ day of \_\_\_\_\_, 20\_\_.

In consideration of my participation in the AAMU Office of \_\_\_\_\_ (the "Event") and other good and valuable consideration, I hereby agree, release and covenant as follows:

1. With full knowledge and appreciation of the risks associated with participating in the Event, I acknowledge that I am voluntarily participating in the Event and that I VOLUNTARILY, KNOWINGLY AND FREELY ASSUME ALL RISKS ASSOCIATED WITH SUCH PARTICIPATION, known or unknown, anticipated or unanticipated, including the risk of negligence by persons or entities involved with the Event.
2. I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE the state of Alabama, AAMU, its Board of Trustees, their successors, affiliates, agents, officers, directors, employees, representatives, and volunteers (collectively hereinafter, the "Releasees"), jointly and severally, from and/or for any and all liability to me, or my agents, heirs, executors, administrators, personal representatives, next of kin, attorneys, and assigns, FOR ANY AND ALL LOSSES, INJURIES OR DAMAGES, AND ANY CLAIMS OR DEMANDS THEREFOR, ON ACCOUNT OF, ARISING FROM OR RELATED TO, ANY INJURY OR DAMAGE TO MY PERSON, OR PROPERTY, INCLUDING DEATH, whether caused by or resulting from the negligence of the Releasees or otherwise, while I am observing or participating in the Event.
3. I expressly agree that the foregoing Release, Waiver, Indemnity Agreement, and Covenant Not to Sue is intended to be as broad and inclusive as is permitted by the laws of the State of Alabama-, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
4. I have read, understand and voluntarily sign the RELEASE, WAIVER, INDEMNITY AGREEMENT, AND COVENANT NOT TO SUE intending to be bound thereby, and further acknowledge and agree that no oral representations, warranties, statements or inducements not contained in this written agreement have been made to me by any person or entity associated with the Event, including Releasees.
5. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A COVENANT NOT TO SUE, and have signed of my own free act and deed without coercion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Street Address: (home) \_\_\_\_\_

City, State, ZIP: (home) \_\_\_\_\_

Telephone No.: (home) \_\_\_\_\_

**Alabama A&M University**  
**STUDENT AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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Name of Nearest Relative (or guardian if student is under 18 years of age): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

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Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Office: \_\_\_\_\_ Emergency: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Special Health Needs: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

I, the undersigned, do hereby authorize Alabama A&M University and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside of the United States) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. The effective dates of this authorization are \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
**Print Name (Student)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name (Parent/Guardian if under 18 year)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**